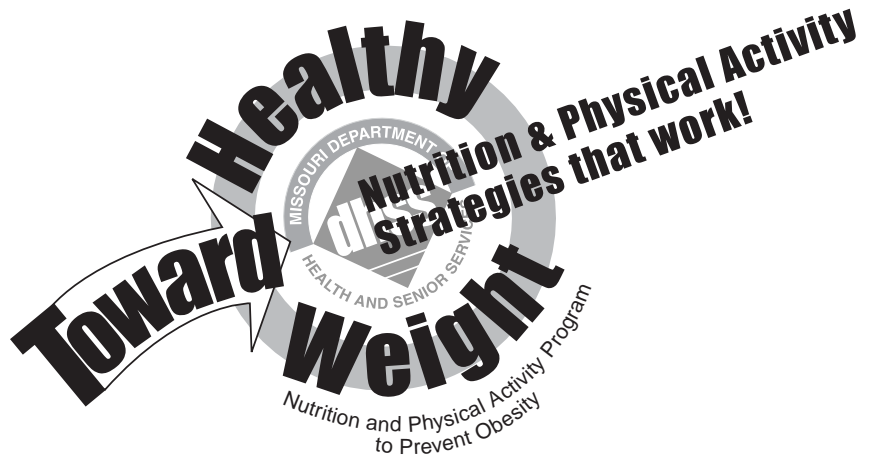


Increase Breastfeeding



Rationale

Breastfeeding with its many benefits for mothers and babies is recognized as a way to reduce childhood overweight and related chronic diseases. Several studies^{1,2,3,4} provide evidence that any breastfeeding and breastfeeding for longer durations protect against overweight in childhood, although the mechanism by which this protection occurs is not clearly understood.⁵ The protective effect has been observed in young children and adolescents. A number of studies conducted recently show that the prevalence of overweight in childhood is lower among children (3 to 6 years of age) who were breastfed compared to children who were never breastfed.^{2,4} For older children (9 to 14 years of age) the risk of becoming overweight (BMI > 95th percentile) was lower for children who were exclusively or mostly breastfed when compared to children who were fed mostly formula.³ Older children who were breastfed at least 7 months were also 20 percent less likely to be

overweight than children who were breastfed at least 3 months.³ A similar outcome has been observed in studies involving younger children.⁴ Despite the need for a better understanding of the relationship between breastfeeding and childhood overweight, a number of studies conclude that promoting breastfeeding would be a reasonable strategy for reducing childhood overweight.

The goal is to have at least 75 percent of mothers breastfeeding during the early postpartum period and 50 and 25 percent breastfeeding at 6 months and 1 year, respectively.⁶ Despite increased emphasis on breastfeeding in the U.S. over the last 10 years, only 64 percent of mothers breastfed their infants during the early postpartum period in 1998.^{6,7} For the same time period 29 and 16 percent of mothers breastfed their infants at 6 months and 1 year, respectively; the rates are lower for African American and low-income women.^{6,7} An increase

in the breastfeeding initiation and duration rates is recommended in Healthy People 2010 and the U.S. Department of Health and Human Services (HHS) Blueprint for Action on Breastfeeding.^{6,7}

Breastfeeding Promotion Strategies

The challenge presented by the call for increased breastfeeding rates underscores a need for stronger support and facilitation of breastfeeding centered on education, training, awareness, support and research. Strengthening breastfeeding support and facilitation efforts can take place in the health care system, workplace, and family/community setting.

Evidence-Based Interventions

Evidence based interventions for increasing the proportion of mothers who breastfeed their babies were published in December 2000 on behalf of the National Coordinating

(Continued, next page)

Centre for Health Technology Assessment.⁸ Examples of evidence-based interventions for the healthcare, workplace and family/community setting are listed here:

Healthcare System

- Breastfeeding education programs (group/individual) in hospital
- Telephone or in-home breastfeeding support (peer counseling)
- Implementation of Ten Steps to Successful Breastfeeding⁹
- Training for Health Care Professionals

Workplace

- Prenatal breastfeeding education for women who work
- Policies providing information on breastfeeding and services that are available
- Breastfeeding Mothers' Room on the worksite

Family and Community

- Prenatal breastfeeding education
- Peer Support
- Social Marketing and Media Campaigns

Adapted from the following

documents: Centers for Disease Control and Prevention Technical Assistance Manual for State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases; Evidence Based Practices for Overweight and Obesity: A Review of the Literature, Glenda Nickell, Sinclair School of Nursing, University of Missouri-Columbia, 2003; Missouri Department of Health and Senior Services Draft Obesity Burden Report, 2004.

References

- ¹Armstrong J, Reilly J, Child Health Information Team. Breastfeeding and lowering the risk of childhood obesity. Lancet 2002: 359 2003-2004.
- ²Hediger ML, Overpeck MD, Kuczmarski RJ, Ruan WJ. Association between infant breastfeeding and overweight in young children. JAMA 2001: 285(19) 2453-2460.
- ³Gillman MW, Rifas-Shiman SL, Camargo CA, Berkey CS, Frazier AL, Rockett HR, Field AE, Colditz GA. Risk of overweight among adolescents who were breastfed as infants. JAMA 2001:285(19) 2461-2467.
- ⁴Von Kries R, Koletzko B, Sauerwalk T, vonMutius E, Barnette D, Grunert V, vonVoos H. Breast feeding and obesity: cross sectional study. BMJ 1999: 319 147-150.
- ⁵Dietz WH. Breastfeeding may help prevent childhood overweight. JAMA 2001: 285 (19) 2506-2507.
- ⁶US Department of Health and Human Services. Healthy people 2010: Conference edition-Volumes I and II. Washington, DC: U.S. DHH S, Public Health Service, Office of the Assistant Secretary for Health 2000.
- ⁷US Department of Health and Human Services. HHS blueprint for action on breastfeeding, Washington, DC: USDHHS, Office of Women's Health, 2000.
- ⁸Fairbank L, O'Meara S, Renfrew MJ, Woolridge M, Sowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technol Assess 2000: 4(25)
- ⁹WHO/UNICEF. Protecting, promoting and supporting breastfeeding: the special role of maternity services. Geneva: World Health Organization, 1989.

This document was supported by Grant/Cooperative Agreement Number U58/CCU722795-02 from the Centers for Disease Control and Prevention. Contents are solely the responsibility of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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